

Review articles (systematic or scoping)

Therapeutic Accompaniment in Brazil: A Systematic Literature Review

Juliana Silva da Silva¹, Karine Vanessa Perez¹ e Cristiane Davina Redin Freitas¹

¹ University of Santa Cruz do Sul, Department of Psychology, Professional Master's Program in Psychology, Santa Cruz do Sul, RS, Brazil.

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Author Note

Juliana S. da Silva  <https://orcid.org/0000-0002-2287-4409>

Karine V. Perez  <https://orcid.org/0000-0003-1643-8042>

Cristiane D. R. Freitas  <https://orcid.org/0000-0002-1288-2712>

Correspondence concerning this article should be addressed to Juliana Silva da Silva, Rua Sabino Pereira Nunes 931, bloco 17, ap. 103, Bairro Restinga, Porto Alegre – RS, Brazil, Zip-Code: 91788-708.
Email: jsilva1991@homail.com

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Abstract

The practice of therapeutic accompaniment was established as a professional occupation as a result of psychiatric reform and the anti-asylum movement. It has emerged as a mental health care option that extends beyond the boundaries of psychiatric hospitals. However, the practice of therapeutic accompaniment remains in development, lacking a comprehensive and systematic analysis of existing research to identify and consolidate the knowledge produced to date. Therefore, the aim of this study is to understand the context and challenges of therapeutic accompaniment work in Brazil. The methodological design was based on the analysis of peer-reviewed journal articles retrieved from the Scielo, Regional Portal of BVS, and Oasisbr databases, published between 2014 and 2024. The keywords used were “therapeutic companion” and “therapeutic accompaniment,” with the Boolean operator OR. After the screening process, 9 articles were included that met the objectives of this study. These articles were analyzed according to the following categories: methodology, participants, objectives, and results. The main findings showed a predominance of qualitative approaches, with only one study adopting a mixed approach, highlighting benefits such as social inclusion, autonomy development, and strengthening of social bonds. However, challenges such as lack of professional recognition and precarious working conditions emphasize the need for greater attention to this professional context.

Keywords: therapeutic companion, therapeutic support, health occupations, mental health care, psychiatric reform

ACOMPANHAMENTO TERAPÊUTICO NO BRASIL: REVISÃO SISTEMÁTICA DE LITERATURA

Acompanhamento Terapêutico no Brasil: Revisão Sistemática

Resumo

A prática de acompanhamento terapêutico estabeleceu-se enquanto uma ocupação profissional como consequência da reforma psiquiátrica e da luta antimanicomial. Assim, revelou-se como uma possibilidade de cuidado em saúde mental além dos limites dos hospitais psiquiátricos. Contudo, a prática do acompanhante terapêutico ainda se apresenta como um campo em desenvolvimento, carecendo de uma análise mais abrangente e sistemática das pesquisas existentes para identificar e consolidar os conhecimentos produzidos até o momento. Logo, o objetivo deste estudo é compreender o contexto e os desafios da atuação do acompanhante terapêutico no Brasil. Para a construção metodológica deste estudo, foram utilizados artigos científicos nas bases de dados Scielo, Portal Regional da BVS e Oasisbr publicados no período de 2014 a 2024. As palavras-chave utilizadas foram “acompanhante terapêutico” e “acompanhamento terapêutico”. O operador booleano utilizado foi o OR. Após a análise do material, 9 artigos contemplaram os objetivos desse estudo. Os artigos foram analisados conforme as seguintes categorias: metodologia, participantes, objetivos e resultados. Os principais resultados mostraram a predominância de abordagens qualitativas nos estudos, com foco em benefícios como a inclusão social, o desenvolvimento da autonomia e o fortalecimento de vínculos. Contudo, os desafios enfrentados pelos acompanhantes terapêuticos, como a falta de reconhecimento e as condições de trabalho precárias, reforçam a importância de atenção a esse contexto.

Palavras-chave: acompanhante terapêutico, acompanhamento terapêutico, ocupações em saúde, assistência em saúde mental, reforma psiquiátrica

ACOMPÑAMIENTO TERAPÉUTICO EN BRASIL: REVISIÓN SISTEMÁTICA DE LA LITERATURA

Acompañamiento Terapéutico en Brasil: Revisión Sistemática

Resumen

La práctica de acompañamiento terapéutico se ha consolidado como una ocupación profesional como consecuencia de la reforma psiquiátrica y del movimiento antimanicomial. De este modo, se ha revelado como una posibilidad de cuidado en salud mental más allá de los límites de los hospitales psiquiátricos. No obstante, la práctica del acompañante terapéutico aún se presenta como un campo en desarrollo,

careciendo de un análisis más amplio y sistemático de las investigaciones existentes para identificar y consolidar los conocimientos producidos hasta la fecha. Por ello, el objetivo de este estudio es comprender el contexto y los desafíos de la labor del acompañante terapéutico en Brasil. Para la construcción metodológica de este estudio, se analizaron artículos científicos disponibles en las bases de datos Scielo, Portal Regional de la BVS y Oasisbr, publicados entre 2014 y 2024. Las palabras clave empleadas fueron “acompañante terapéutico” y “acompañamiento terapéutico”, utilizando el operador booleano OR. Tras el análisis del material, se seleccionaron nueve artículos que cumplieran con los objetivos del estudio. Dichos artículos fueron examinados en función de las siguientes categorías: metodología, participantes, objetivos y resultados. Los principales hallazgos mostraron una predominancia de enfoques cualitativos en los estudios, con solo un estudio que utilizó un enfoque mixto. Entre los beneficios más destacados se encontraron la inclusión social, el desarrollo de la autonomía y el fortalecimiento de los vínculos sociales. Sin embargo, los desafíos que enfrentan los acompañantes terapéuticos, como la falta de reconocimiento y las condiciones laborales precarias, ponen de manifiesto la necesidad de prestar mayor atención a esta realidad.

Palabras clave: acompañante terapéutico, acompañamiento terapéutico, ocupaciones en salud, atención en salud mental, reforma psiquiátrica

The practice of therapeutic accompaniment (TA – in the article, the acronym also refers to “therapeutic companion”) became established as a professional occupation as a result of psychiatric reform and the anti-asylum movement. More than a clinical practice, TA has taken on a political role by proposing interventions that challenge traditional models of institutionalization and mental health care. In this regard, TA emerges as a community-based strategy focused on individual needs and the promotion of autonomy (Alves et al., 2025).

These reflections originated after World War II, in a context of shifting global conceptions of human rights and citizenship, which promoted the dissemination of this practice in the West during the 1960s (Bueno, 2023). In Latin America, during the 1970s, TA became a clinical practice aimed at promoting the reintegration and resocialization of individuals discharged from long-term psychiatric institutions. This process led to the development of new forms of intervention from an interdisciplinary perspective, characterizing TA as a practice of expanded clinical care (Fantine & Carniel, 2021). In Brazil, during the same period, the occupation first emerged in psychiatric hospitals under the labels of “psychiatric aide” or “psychiatric attendant.” With the gradual closure of these institutions, it came to represent an alternative to hospitalization, adopting its current name and therapeutic identity (Andrade et al., 2023).

As such, TA is carried out by professionals from various disciplines and is grounded in promoting the social inclusion of individuals experiencing psychological distress in everyday settings such as home, school, work, and leisure spaces. Additionally, it aims to promote health and enhance coping skills for daily life challenges (Pelúcio et al., 2019). This diversity has led to a wide range of practices and approaches within the field, contributing to its richness but also presenting challenges in terms of standardization, supervision, and quality assurance (Andrade et al., 2023). The scientific literature on TA reflects this complexity, as it draws from different professional backgrounds and theoretical frameworks, making it difficult to define the practice (Beltramello & Kienen, 2017).

Previous research suggests that the predominant profile of professionals working as TAs includes individuals with incomplete higher education, most often in the field of psychology (Marco & Calais, 2012; Romano & Bagaiolo, 2022). This indicates that TA tends to attract students or individuals interested in care-related and mental health disciplines, which aligns with the competencies required for this type of work.

An important and recurring aspect of TA is collaboration with the person’s support network, including family members and multidisciplinary teams. This articulation aims to support the planning and development of actions, contributing to the effectiveness of care strategies within the patient’s therapeutic process. (Beltramello & Kienen, 2023).

In Brazil, TA services are primarily organized through networks of students and professionals affiliated with public or private clinics and therapeutic settings. This organization not only facilitates closer interaction among team members and the dissemination of services, but also promotes regular supervision practices (Londero & Pens, 2010).

It is important to note that the TA profession is not officially regulated in Brazil (Brasil, 2023), and there are no formal requirements for technical qualifications or clear guidelines for its professional scope. This lack of regulation hinders oversight and may negatively impact the quality of services (Andrade et al., 2023), while also exposing TA professionals to unstable working conditions, such as inconsistent pay and lack of labor protections under the Consolidation of Labor Laws (CLT). These conditions, in turn, affect professionals' behaviors, social well-being, and physical and mental health (Tibério et al., 2024). Furthermore, the significant presence of students in the field (Romano & Bagaiolo, 2022) raises potential risks for practice, especially when their roles lack clear legal or ethical backing, depending on how its functions are defined and carried out (Marco & Calais, 2012).

In this context, TA continues to be an emerging field in need of a broader and more systematic review of existing research to consolidate the knowledge produced thus far. Such analysis may also reveal gaps in the literature and foster a clearer understanding of the challenges and opportunities present in TA practice, ultimately contributing to improved service quality. Accordingly, this study aims to understand the context and challenges of TA in Brazil.

Method

This systematic review was conducted in accordance with PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Moher et al., 2015). The review process involved the following steps: search procedure; application of article selection criteria; and data identification and analysis.

The databases used to locate references were Scielo, the Regional Portal of the Virtual Health Library (BVS), and Oasisbr (Brazilian portal for open-access scientific publications and data). On the Oasisbr platform, an additional filter was applied to include only journal articles. The literature search was conducted between April and May 2024, covering studies published from 2014 to 2024. The search terms used were “*acompanhante terapêutico*” and “*acompanhamento terapêutico*” (therapeutic companion and therapeutic accompaniment), combined using the Boolean operator OR. This configuration was chosen to ensure a comprehensive search and capture as many relevant articles as possible.

Article selection was conducted by the first author and reviewed by the co-authors. The inclusion criteria were: empirical studies conducted in Brazil with human participants, published in scientific journals, focused on TA, and involving either TAs as participants or interventions conducted by them. Exclusion criteria included: doctoral theses, master's dissertations, undergraduate monographs, final course papers, literature reviews, experience reports, case studies, book reviews, abstracts, conference proceedings, and brief communications. Additionally, duplicate articles, studies conducted in other countries, articles with publication date inconsistencies, or those with unavailable full texts were excluded.

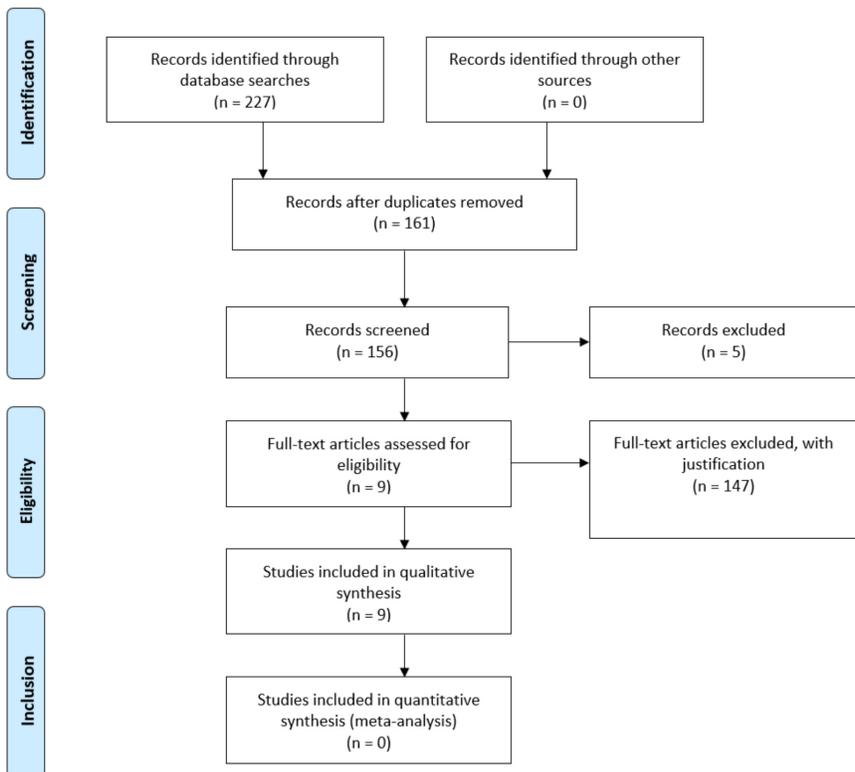
A total of 227 articles were initially retrieved from the three selected databases (Figure 1). After applying the inclusion and exclusion criteria, 9 articles were selected that addressed TA

in Brazil. Reading was the investigative technique used, following these steps: recognition of bibliographic material (reading abstracts to identify relevant material), exploratory reading (identifying data of interest to the study), selective reading (applying inclusion and exclusion criteria), reflective reading (in-depth reading of the final selected articles to address research objectives), and interpretative reading (interpreting the authors' ideas and connecting them to the objectives of this study) (Lima & Miotto, 2007).

During the reflective and interpretative reading stages, a data extraction table was created to organize key elements from the selected studies, including methodology, participants, objectives, and findings. This organization enabled a systematic and comparative analysis, facilitating the identification of patterns and integration of relevant information for the research.

Figure 1

Information flow through the different phases of the systematic review according to PRISMA guidelines



Results

Table 1 summarizes the findings identified across the selected studies. Among the included references, a significant predominance of qualitative studies was observed, with only one employing a mixed-methods design. Regarding data collection techniques, semi-structured interviews were the most frequently used, appearing in 50% of the analyzed articles.

Table 1

Organization of data obtained according to the analyzed categories

Author & Year	Methodology	Participants	Objectives	Results
Brondani et al. (2023)	Participatory research with a qualitative approach. Data collection through interviews and discussion groups.	6 users of the TA service through a university outreach project.	To list indicators that support the TA process.	Proposed qualitative indicators: <ul style="list-style-type: none"> – Quality of the therapeutic bond; – Access to social rights; – Autonomy; – Affective network; – Well-being.
Carvalho & Nascimento (2015)	Field study with a mixed-methods approach. Data collected through semi-structured interviews.	20 TAs from five private schools in the city of Teresina, PI (Brazil).	To identify the reality of private schools in Teresina regarding the inclusion of children with autism.	<ul style="list-style-type: none"> – 65% of interviewees stated that socialization is important, including for other school professionals who facilitate interaction; – indicated that the responsibility for training and supporting students with ASD is delegated to TA rather than the school.
Cunha et al. (2017)	Field study with a qualitative approach. Data collected through focus groups.	29 mental health professionals from four services in a city in the state of São Paulo (Brazil).	To investigate the knowledge and perceptions of health teams about TA.	<ul style="list-style-type: none"> – Home-based and external activities are core features of TA work; – TA is not tied to a specific profession; – Importance of training, professional profile, and commitment; – Main goals include skill development, social reintegration, autonomy, strengthening of bonds, and family dynamics; – Difficulties include financial issues, health policy gaps, and lack of knowledge about the practice.
Ecker & Palombini (2021)	Qualitative field study. Data from field diaries, technical reports, and other materials were combined to construct narratives.	28 clinical TA cases.	To analyze the exercise of social rights regarding therapeutic processes, psychological practice, and psychosocial care.	<ul style="list-style-type: none"> – TA serves as a mediator of social rights, facilitating user access to health, housing, leisure, and education; – The importance of the territory in psychosocial care, encompassing both physical space and subjective aspects, provides freedom, relief, and a space to express thoughts and emotions.
Makiyama et al. (2023)	Descriptive research with a qualitative approach. Data collected through semi-structured questionnaires.	24 professionals coordinating mental health services in a region of the state of Paraná (Brazil).	To describe mental health practices in primary care from the perspective of service managers.	<ul style="list-style-type: none"> – TA was recognized as part of the daily routines in mental health services; – Challenges include lack of recognition of Primary Health Care as an effective entry point, and fragmented care.

(continue)

Table 1*Organization of data obtained according to the analyzed categories (continued)*

Author & Year	Methodology	Participants	Objectives	Results
Nascimento et al. (2020)	Qualitative research using collaborative narratives as a data collection method.	5 TAs with more than five years of experience in different clinical contexts.	To understand the clinical actions of TAs within social networks in the city of Recife, PE (Brazil).	<ul style="list-style-type: none"> – Most had a background in psychology, as students or graduates; – There is demand for clearer definitions and qualifications; – Some participants acted as both psychologist and TA, which can lead to role confusion; – Debate over whether TA is a function or a profession in Brazil; – Some psychologists feel threatened by TA practice, others offer the service without proper training; – TA skills include responsibility, ethics, creativity, sensitivity, discernment; – Three participants gradually left the field due to low pay, overload, and other difficulties.
Prado et al., (2020)	Ethnographic study using systematic and participant observation, field diaries, Sluzki's Minimum Relationship Map, and semi-structured interviews.	One user of a <i>Centro de Atenção Psicossocial</i> (CAPS II,) in the city of São Paulo and seven people in their social network (family, users, and CAPS professionals).	To analyze TA and network-based interventions as tools for building a meaningful social network.	<ul style="list-style-type: none"> – TA and network interventions supported greater social participation and reorganization of family roles and treatment approaches at CAPS; – Need for increased social engagement and job market inclusion, participation in clubs, associations, etc.
Tristão & Avellar (2014)	Qualitative field research using partially structured interviews.	10 mental health professionals from public or private services who currently or previously worked as TAs in the state of Espírito Santo (Brazil).	To identify who the TAs in Espírito Santo are and the characteristics of their work.	<ul style="list-style-type: none"> – Most were women with psychology degrees; – Many entered TA through internships and outreach projects; – Few continued in the role due to lack of referrals or time constraints; – Only two had formal TA training; – Many used different theoretical frameworks as TAs vs. as psychologists; – Most were not part of TA teams but did attend interdisciplinary case discussions; – Highlighted the need for flexible session durations; – The therapeutic setting includes homes and public spaces.
Tristão et al. (2017)	Qualitative field study using semi-structured interviews.	10 professionals with higher education who currently or previously worked as TAs for patients with psychiatric hospitalization histories in a Southeast capital of Brazil.	To understand how psychologists perceive the TA role.	<ul style="list-style-type: none"> – The interviewees emphasized the importance of the TA in re-engaging individuals in activities and social connections that had been interrupted, facilitating reintegration into community life and positively impacting quality of life; – The participants highlighted that the therapeutic setting is not limited to a specific physical space and should focus on the individual's difficulties. They pointed to the street, public spaces, and residences as service locations, noting the need for the TA to have skills to handle unforeseen situations; – The reports indicated that TA in street settings requires approaches different from those used in office-based settings.

The total sample size across all studies was 140 participants, distributed across various groups. Of these, 32% were professionals who currently work or had previously worked as TAs, while 37% were mental health service professionals. Additionally, 20% of participants were clinical cases, 6% were users of TA services, and another 6% were individuals within a patient's social support network. This diversity enriched the analysis by providing a broad range of experiences and perspectives on TA.

The objectives of the studies varied but shared a central focus on understanding the role of TAs in promoting social inclusion, autonomy development, and overall well-being. Approximately 55% of the studies focused directly on the practice of TAs, while 22% explored the perspectives of mental health professionals regarding TA work. About 11% analyzed specific clinical cases, 11% focused on service users, and another 11% examined the social networks of patients, highlighting the importance of social reintegration and community support.

The findings were organized into three main categories: characteristics of the professionals; characteristics of the intervention; and network-based and interdisciplinary collaboration. The first category, characteristics of the professionals, revealed a diverse profile, with a predominance of women and professionals trained in psychology, but also including individuals from other academic backgrounds. Regarding experience, many TAs reported having practiced for over five years, suggesting a level of maturity and familiarity with the role (Nascimento et al., 2020; Tristão & Avellar, 2014). Entry into the field was most often through internships or university extension programs, underscoring the importance of such initiatives in training new professionals. However, some TAs reported simultaneously working as psychologists and TAs, which they felt could lead to role confusion and challenges in conducting interventions, particularly when different theoretical frameworks were employed in each role (Tristão & Avellar, 2014).

The second category, characteristics of the intervention, emerged in several studies and was further divided into three subcategories: benefits; therapeutic setting; and main challenges in practice. The first subcategory, benefits, emphasized social inclusion and reintegration as key contributions of TA, particularly for individuals facing significant impairments. TAs helped promote community participation and interaction among users (Cunha et al., 2017; Prado et al., 2020; Tristão et al., 2017). Another recurring benefit was the promotion of autonomy, with service users reporting greater independence, improved self-care, and stronger family ties (Brondani et al., 2023; Cunha et al., 2017; Prado et al., 2020; Tristão et al., 2017). Additionally, TAs played an important role in supporting access to social rights such as healthcare, education, housing, and leisure. On an emotional level, TA was associated with increased well-being, offering a safe space for the expression of thoughts and feelings. The quality of the therapeutic bond between the TA and the user also emerged as a key factor in building trust and ensuring the success of the therapeutic process. The creation of an affective support network was another element contributing to intervention effectiveness (Brondani et al., 2023; Ecker & Palombini, 2021).

The second subcategory, therapeutic setting, was conceptualized as extending beyond a physical space. In this context, the setting must be shaped by the individual needs of the user, and may include homes, streets, or any other environment conducive to creating a safe and supportive atmosphere for the expression of subjective experiences (Ecker & Palombini, 2021; Tristão et al., 2017). The setting could also be adapted to healthcare centers, where TAs might facilitate social reintegration through external or in-home interventions (Cunha et al., 2017).

The third subcategory, challenges faced by TAs, was discussed in six of the studies and encompassed a wide range of difficulties in professional practice. One of the most frequently cited challenges was the lack of specialized training for working as a TA, with many professionals expressing the need for formal education in this area (Cunha et al., 2017; Nascimento et al., 2020; Tristão & Avellar, 2014). Several participants noted that street-based TA requires different approaches compared to office-based settings (Tristão et al., 2017), demanding additional skills to handle unpredictable and complex situations. These include responsibility, ethics, creativity, sensitivity, discernment in everyday contexts (Nascimento et al., 2020), and flexibility (Tristão & Avellar, 2014; Tristão et al., 2017).

Another notable challenge is the lack of formal recognition of TA as a regulated profession in Brazil. This ambiguity contributes to uncertainty about the necessary qualifications and can result in service provision without proper supervision or training (Nascimento et al., 2020). Additional barriers include resistance from other healthcare professionals, professional isolation, and a general lack of recognition of TAs as integral members of multidisciplinary teams. These factors hinder effective collaboration and the integration of TAs into mental health care services (Nascimento et al., 2020; Tristão & Avellar, 2014). In school settings, these challenges are even more pronounced. Although students' inclusion needs are acknowledged, TA-related responsibilities are often delegated solely to the TAs rather than shared collectively with the educational staff (Carvalho & Nascimento, 2015).

Further challenges involve financial constraints, unclear health policies, and lack of public awareness about the TA role (Cunha et al., 2017). For instance, primary health care is not yet widely recognized as a viable entry point for TA, which exacerbates care fragmentation and limits integrated TA engagement (Makiyama et al., 2023). Moreover, some professionals have gradually abandoned the role due to burnout, physical strain, and inadequate compensation (Nascimento et al., 2020). Many also reported that insufficient referrals and competing work demands hinder their ability to maintain continuity and sustainability in their TA work (Tristão & Avellar, 2014).

The third category, interdisciplinary collaboration and support networks, emphasized the importance of teamwork and collaborative approaches in TA practice. Mental health professionals acknowledged the valuable role of TAs as collaborative agents within mental health services (Cunha et al., 2017), integrating into the routine operations of these services (Makiyama et al., 2023). Although TAs are not always formally included in clinical teams due to the nature of their role, they often participate in interdisciplinary meetings to discuss cases (Tristão & Avellar,

2014). Nevertheless, as previously mentioned, issues such as care fragmentation and the lack of formal recognition of the TA role continue to pose challenges, highlighting the need for stronger integration between healthcare services and social support networks (Makiyama et al., 2023; Tristão & Avellar, 2014).

Discussion

This systematic review analyzed studies on TA published between 2014 and May 2024. The findings revealed that most of the studies employed a qualitative approach, with semi-structured interviews being the most prominent data collection method. This methodological choice aligns with the exploratory nature of TA research, which seeks to understand participants' perceptions, experiences, and meanings. The diversity of participant profiles (including mental health professionals, TAs, service users, and members of their social networks) also enriched the analysis. However, there remains a gap in the literature regarding mixed-methods or quantitative research, which could complement the qualitative data and provide a broader understanding of this occupation (Souza & Kerbauy, 2017).

The reviewed studies indicate a predominance of women with psychology backgrounds among professionals working as TAs (Tristão & Avellar, 2014). This finding reflects a broader trend in which psychology is often perceived as a “feminine” profession, traditionally associated with caregiving roles traditionally attributed to women in the Brazilian society (Figueiredo & Cruz, 2017). Nonetheless, it is important to note that this intervention is not exclusive to the field of psychology. Professionals from diverse academic backgrounds also perform AT work (Pelúcio et al., 2019), as shown in studies that report participation from individuals with training in other areas (Nascimento et al., 2020; Tristão & Avellar, 2014).

Entry into the TA field most commonly occurs during undergraduate studies, particularly through internships and extension projects (Nascimento et al., 2020; Tristão & Avellar, 2014). Although these experiences offer students valuable opportunities for practical learning, they raise concerns about the quality of training and the adequacy of preparation for the TA role. Student involvement in TA without proper legal and ethical safeguards may expose them to risks, especially if their responsibilities are not clearly defined and properly supervised (Marco & Calais, 2012). Such conditions may also negatively impact the effectiveness of the interventions (Beltramello & Kienen, 2017). This concern was widely addressed in the reviewed studies, which highlighted the need for more robust and structured training for professionals working as TAs (Cunha et al., 2017; Nascimento et al., 2020; Tristão & Avellar, 2014).

In addition to concerns about training and professional practice, the reviewed studies emphasized the significant benefits of TA interventions. These include social inclusion and reintegration, development of autonomy, improved self-care, strengthened family and community ties (Cunha et al., 2017; Prado et al., 2020; Tristão et al., 2017), enhanced well-being, and expanded access to social rights (Brondani et al., 2023; Ecker & Palombini, 2021). These findings are consistent with broader literature highlighting TA as an intervention aimed at resocialization,

autonomy, and improved quality of life, broadening the existential horizons of individuals often limited in their social interactions (Pelúcio et al., 2019).

These benefits are not incidental but are deeply rooted in the socio-historical context in which this occupation emerged in Brazil. TA aligns with the humanization movement in mental health care and the principles of the Brazilian Psychiatric Reform. This alignment reflects how TA, by promoting inclusion and autonomy, supports the Reform's goals of deinstitutionalization and the dignified, respectful reintegration of individuals into society (Souza & Pontes, 2017). Within this context, the therapeutic setting concept observed in the reviewed studies is justified. It emphasizes everyday environments as legitimate spaces for intervention and considers the emotional dimensions of the patient (Cunha et al., 2017; Ecker & Palombini, 2021; Tristão et al., 2017). As a dynamic and flexible construct, the therapeutic setting is fundamental to the effectiveness of TA interventions and reinforces the Psychiatric Reform's vision of more humane and inclusive care.

Despite this alignment with the Psychiatric Reform, it is important to note that TA is not explicitly recognized in Brazil's public mental health policies, which hinders its visibility and formal recognition in mental health care (Souza & Pontes, 2017). In this scenario, the reviewed studies identified serious concerns regarding the impact of inadequate qualifications in the delivery of TA services. These concerns include resistance from other health professionals, professional isolation, and the absence of recognition of the TA's importance (Nascimento et al., 2020; Tristão & Avellar, 2014). These challenges are reflected in the TA's work environment, where a lack of understanding, prejudice, and undervaluation of the role contribute to a difficult and unstable professional context (Marco & Calais, 2012).

Such challenges are compounded by the precarious working conditions reported by TAs, which include excessive workloads, long hours, and low pay. These factors not only jeopardize their physical and mental health but also the quality of care provided (Nascimento et al., 2020). This precariousness is likely related to the fact that most TA work is conducted under autonomous, freelance arrangements (Marco & Calais, 2012). As a result, many TAs face instability and insecurity, often experiencing fear of financial loss and diminished self-esteem (Alves & Rodrigues, 2010), which may explain the high turnover in the field (Holingue et al., 2022). These factors emphasize the need for the development of public policies that ensure proper supervision and the regulation of the profession, aiming to protect both service users and professionals, and directly influencing the quality of care (Andrade et al., 2023).

After addressing the challenges faced by TAs, it is equally important to recognize the value of interdisciplinary collaboration and support networks in mental health care. The third category analyzed in this review emphasized the relevance of collaborative practices in TA (Cunha et al., 2017), while also highlighting barriers such as fragmented care and the lack of formal recognition of the TA role — obstacles that must be overcome to strengthen integration between health services and support networks (Makiyama et al., 2023; Tristão & Avellar, 2014). These findings align with the idea that interdisciplinary practices in mental health care can

facilitate a more holistic understanding of mental suffering, supporting an integrative and innovative care model. However, the lack of a clear theoretical framework for defining interdisciplinarity in mental health work hinders its implementation. This suggests that, despite widespread acknowledgment of its importance, conceptual barriers remain that must be addressed before true interdisciplinary teamwork can be achieved, directly impacting the work of TAs (Giacomini & Rizzotto, 2022).

In summary, this systematic review highlighted the relevance of TA as a tool for promoting mental health in Brazil. The key findings demonstrated a predominance of qualitative studies focusing on benefits such as social inclusion, autonomy development, and the strengthening of social bonds. Nevertheless, the challenges faced by TAs, such as lack of recognition and precarious working conditions, underscore the need for greater attention to this professional context.

The main limitation of this systematic review concerns the scope of the databases used to search for articles, which was limited to Scielo, the Regional Portal of BVS, and Oasisbr. This limitation may have resulted in the exclusion of relevant studies published on other platforms, thereby restricting the comprehensiveness of the analysis.

Future studies should explore the TA work environment more deeply, focusing on employment conditions, training, and integration with health teams. Investigating the realities of these professionals could provide valuable insights into the challenges and opportunities for improving TA practices. This research is essential to increase the visibility and recognition of TA, ensuring that it is valued as a key component in the promotion of mental health in Brazil.

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Contribution of each author to the work:

Juliana Silva da Silva: Conceptualization, Formal Analysis, Investigation, Methodology, Writing – Original Draft Preparation.

Karine Vanessa Perez: Conceptualization, Writing – Review and Editing.

Cristiane Davina Redin Freitas: Conceptualization, Writing – Review and Editing.

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